

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3710</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Michael</u> <u>H</u> <u>Pieti</u>  P.O. Box, Bldg., Room No., if any _____ Street <u>5740 SE Willow Street</u> City <u>Milwaukie OR</u> State <u>OR</u> ZIP Code + 4 <u>97222</u>	4. Name, file number, and address of labor organization. Name <u>Western Council of Industrial Workers</u> Labor Organization File Number <u>042-066</u>  P.O. Box, Building and Room Number, if any _____ Street <u>12788 SE STark St.</u> City <u>Portland OR</u> State <u>OR</u> ZIP Code + 4 <u>97233</u>
5. Position in labor organization. <u>Executive Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____  7.b. Amount. <u>0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Michael Pieti</u>	On <u>7/12/06</u> Date	<u>503-228-0235</u> Telephone Number

Name of Person Filing	Michael H Pieti	File Number U-	3710
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Regence Blue Cross/Blue Shield  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any PO Box 1271  
Street   
City Portland  
State OR ZIP Code + 4 97207-1271

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bledsoe Health Trust  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 2929 NW 31st  
City Portland  
State OR ZIP Code + 4 97210

11.a. Nature of such dealing.

Meals provided during the course of business Meeting.

11.b. Approximate dollar value of such dealing.

\$47.09

12.a. Nature of interest held or income received.

12.b. Amount.

-0-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Harlan Bernstein  
Trade Name, if any: Jolles & Bernstein  
P.O. Box, Bldg., Room No., if any   
Street 721 SW Oak ST 2nd Floor  
City Portland  
State OR ZIP Code + 4 97203

14.a. Nature of payment.

Meals provided in the course of business meetings.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$393.08

Name of Person Filing Michael H Pieti

File Number U- 3710

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name WCIW-TOC Pension

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2929 NW 31st

City Portland

State OR ZIP Code + 4 97210

## 9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name WCIW-TOC Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2929 NW 31st

City Portland

State OR ZIP Code + 4 97210

## 11.a. Nature of such dealing.

Meals during pension meetings.

## 11.b. Approximate dollar value of such dealing.

\$58.00

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

-0-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

-0-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Lumber Industry Pension fund  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street 2929 NW 31st  
City Portland  
State OR ZIP Code + 4 97210

## 9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Lumber Industry Trust  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street 2929 NW 31st  
City Portland  
State OR ZIP Code + 4 97210

## 11.a. Nature of such dealing.

Meals provided during course of semi-annual trust meetings.

## 11.b. Approximate dollar value of such dealing.

\$334.00

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

-0-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any:   
Street   
City   
State   
ZIP Code + 4

## 14.a. Nature of payment.

## 14.b. Amount of payment.

-0-

13.b. Is the Business an Employer ☐or Consultant ☐

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